

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

11-507973

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL	3					
GRAND TOTAL	23					
AMOUNT	100					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL						
GRAND TOTAL						
AMOUNT						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS